PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 Application or Docket Number 10/159447												7
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)								SMALL TYPE	ENTITY	OR	OTHER	
T	OTAL CLAIMS	,	18			•		RATE	FEE	7	RATE	FEE ·
FI	OR .		NUMBER FILED		MUMBER EXTRA			BASIC F	385.00		Basic Fee	770.00
TOTAL CHARGEABLE CLAIMS			18 m	18 minus 20=		0		XS 9-		OR	¥2.0	
INI	DEPENDENT C	LAIMS	3 minus 3 =		0			X43=		OR	X86= .	7
MI	JLTIPLE DEPE	NDENT CLAIM P	RESENT				-145=		1	+290±		
• If the difference in column 1 is less than zero, enter 10						column 2		TOTAL		OR	TOTAL	770
CLAIMS AS AMENDED - PART II											OTHER	
۲	()	(Column 1)		(Cotun		(Cotumn 3)		SMALI	ENTITY	OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO	BER	PRESENT EXTRA	1	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
3	Total	. 18	Minus	-3	0	- /	, i	XS 9=		1 OR	XS18=	
THE STATE	Independent	. 3	Minus		3	- / .		X43=	1	OR	X86= /	•
Ļ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								/	104	-/	
2	8/31/5	(Calumn 1)		(Cotum	21	(Ca) 20		+145- TOTA NODIT. FE		OR	+290s TOTAL ADOIT, FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	·	NIGHT NUME PREVIO PAID F	ER USLY	PRESENT EXTRA	1	RATE	- ADDI- TIONAL FEE	þ	RATE	ADDI- TIONAL FEE
Z C	Total	. 18	Minus	- 3	0	• / ·		X\$ 9=	1./	OR	X\$18=	7
Ī	Independent	ST PRESENTATION OF MULTIPLE DEPENDER			3 -/			X43=	7.	OR	X86=	•
	PINST PRESE	MIAHON OF ME	ETIPLE DE	ENDENT	CLAIM	/		+145=/	1	OR	+290=	-/-
	1/1/	<i>·</i> .		•			L	TOTAL			TOTAL	/
1	128/5	(Column 1)		(Colum	ın 21	(Column 3)	_	DOIT FEE		, ,	idon. Fee l	/
MENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ST ER USLY	PRESENT EXTRA	_	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 18	Minus	. 0	10		-	X\$ 9=	FEE		X\$18=	FEE
AMEND	Indep natent	• 3	Minus	•••	?	- /	-		 	OR		/
1	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM	Á	L	X43-	-/	OR	X86.	
Hose entry in column 1 is less than the entry in column 2, write "0" in column 3.												
	the Trighest Nut	ther Previously Pai ther Previously Pai per Previously Paid	d For IN THE id For DI THE	S SPACE b	leas than	20, enter '20."		TOTAL DOIT, FUE of in the ac	propriate box		TOTAL DOIT. FEE ITTO 1,	

FORM PTO-875 (Rev 1003)